

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530, 126

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5		1					55						
6		5					56						
7		10					57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		5					63						
14		10					64						
15		6					65						
16		10					66						
17	1						67						
18		1					68						
19		10					69						
20	1						70						
21		1					71						
22		10					72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	18	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	22						TOTAL CLAIMS						

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